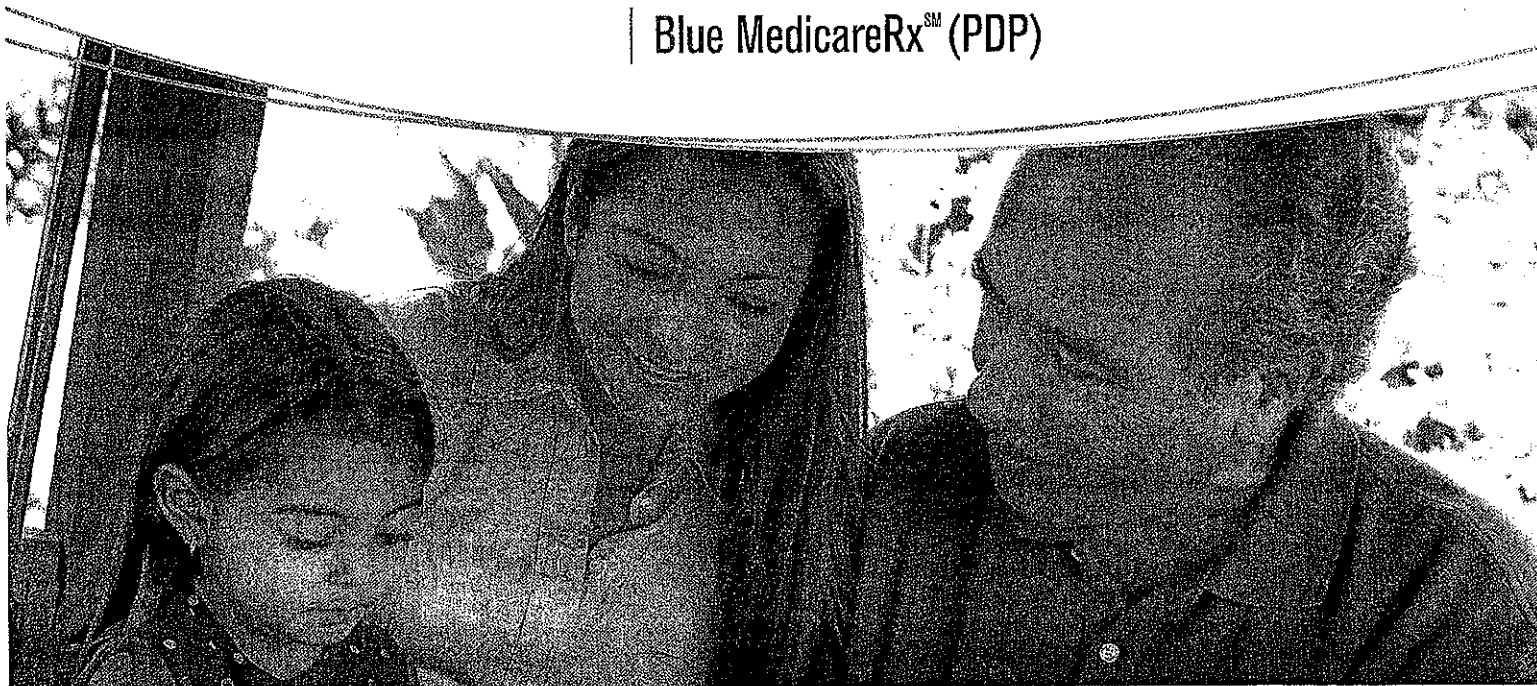




MASSACHUSETTS

Blue MedicareRxSM (PDP)



2015 Summary of Benefits Blue MedicareRxSM (PDP)

Employer Group Medicare Prescription Drug Plan
with supplemental coverage

\$10 / \$20 / \$35

S2893_1421_082014_GRP

Section I: Introduction

Introduction to the Summary of Benefits for Your Blue MedicareRx Plan – January 1, 2015 - December 31, 2015

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred throughout this Summary of Benefits as "plan" or "this plan."

This plan is offered by Blue Cross and Blue Shield of Massachusetts, Inc., a Medicare Prescription Drug Plan that contracts with the Federal government.

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue MedicareRx (PDP)**. You are being offered this plan as part of your former employer's retiree benefits, but you can choose to purchase an Individual (non-group) Medicare Prescription Drug Plan.
- Another choice is to purchase your prescription drug coverage through an Individual (non-group) Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.
- *Note:* If you enroll in an Individual (non-group) plan, you may not be eligible to enroll in your employer's retiree plan in the future. Please contact your former employer's group administrator for information on eligibility requirements for your retiree plan.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue MedicareRx** covers and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

Things to Know About Blue MedicareRx

Hours of Operation

You can call us 24 hours a day, 7 day a week.

Blue MedicareRx Phone Numbers and Web site

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free 1-888-543-4917. (TTY/TDD 1-866-236-1069)

Prospective Members, please contact your benefits administrator.

Visit us at <http://groups.rxmedicareplans.com>

Who can join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area which includes the United States and its territories (excluding the Virgin Islands).

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your benefits administrator for more information.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our Web site (<http://groups.rxmedicareplans.com>). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 3 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory at our Web site (<http://groups.rxmedicareplans.com>). Or, call us and we will send you a copy of the pharmacy directory.

If you have any questions about this plan's benefits or costs, please contact Blue MedicareRx for details.

Section II: Summary of Benefits

Prescription Drug Benefits

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		You pay the following until your total yearly drug costs reach \$2,960 ¹ :		
Standard Retail Cost-Sharing		One-month supply	Two-month supply	Three-month supply ²
Tier 1	Generic Drugs	\$10	\$20	\$30
Tier 2	Preferred Brand Drugs	\$20	\$40	\$60
Tier 3	Non-Preferred Brand Drugs	\$35	\$70	\$105
		Specialty drugs are limited to a one-month supply per fill.		
Mail Order Cost-Sharing		One-month supply	Two-month supply	Three-month supply
Tier 1	Generic Drugs	\$10	\$20	\$20
Tier 2	Preferred Brand Drugs	\$20	\$40	\$40
Tier 3	Non-Preferred Brand Drugs	\$35	\$70	\$70
		Specialty drugs are limited to a one-month supply per fill.		
Coverage Gap		<p>After your total yearly drug costs reach \$2,960, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above.</p> <p>Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.</p>		
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$4,700, you pay:		
Generic Drugs (including brand drugs treated as generic)		\$2.65		
All other Drugs		\$6.60		

¹All covered drugs are on the Blue MedicareRx group formulary/drug list.

²Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, Specialty or Non-Preferred Brand drug. However, if you go to an out-of-network pharmacy, you are responsible for the difference between the amount charged at the out-of-network pharmacy and what your plan would have paid at a network pharmacy.

Medicare considers drugs which cost more than \$600 for a one month supply to be Specialty drugs.

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date "total drug costs" of \$2,960 and are not already receiving "Extra Help."

If you have reached year-to-date "total drug costs" of \$2,960, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance in the Coverage Gap the same as what you pay in the Initial Coverage Level. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs and move you through the Coverage Gap. The amount discounted by the manufacturer will count toward your out-of-pocket costs as if you had paid this amount. Your Explanation of Benefits (EOB) will show any discounted amount provided.

Once your out-of-pocket costs reach \$4,700, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free 1-888-543-4917. (TTY/TDD 1-866-236-1069)

Prospective Members, please contact your benefits administrator.

Visit us at <http://groups.rxmedicareplans.com>

Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

24 hours a day

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.